



**For Customer Support refer to the appropriate platform below:**

**Police Records Retrieval**

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

**Accurint for Insurance**

866-277-8407

Accurint.support@lexisnexisrisk.com

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CLIENT: USAA  
DIVISION: SER1  
ADJUSTER: CHRISTOPHER MCC  
CLAIM: 1681 07 11 002

TRANSACTION #: 1779840811  
DATE: 06/07/2022

DATE OF LOSS: 06/06/2022      TIME OF LOSS: 0000  
STREET:  
CITY: LAWRENCEVILLE  
COUNTY:  
STATE: GA

INVESTIGATING AGENCY: LAWRENCEVILLE PD  
REPORT NUMBER: 22060118  
REPORT TYPE: AUTOACCIDENT  
PARTY1: HOPE A VIGIL-SHUCK  
PARTY2: UNKNOWN  
PARTY3:

CAR: MAKE: YEAR:  
TAG: UNKNOWN

ADDITIONAL INFO:

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NOTE:

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THANK YOU FOR YOUR ORDER!

Agency Case Number 22060118		Agency NCIC Number GA0670300		Georgia Motor Vehicle Crash Report				County Gwinnett			Date Rec. by GDOT	
Estimated Crash		Dispatch		Arrival		Total Number of			Inside City Of			
Date	Time	Date	Time	Date	Time	Vehicles	Injuries	Fatalities	LAWRENCEVILLE			
06/06/2022		1 8 1 7		06/06/2022		1 8 2 7		2				
Road of Occurrence 316 EB				At Its Intersection With				<input type="checkbox"/> Corrected <input type="checkbox"/> Sup To Original <input type="checkbox"/> Hit and Run				
Not At Its Intersection But 2060				Of HI HOPE RD								
Latitude (Y) 33.979683 (Format) 00.00000				Longitude (X) -83.977434 (Format) -00.00000								
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME FIRST MIDDLE SQUIRE CRAIG MICHAEL		Unit # 2	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME FIRST MIDDLE VIGIL-SHUCK HOPE ABIGAIL						
<input checked="" type="checkbox"/> Susp At Fault		Address 1521 CASSIUS ST		<input type="checkbox"/> Susp At Fault		Address 102 PRIOR ST SE						
City LUTZ		State FL Zip 33549		DOB 9/16/91		City GAINESVILLE		State GA Zip 30501		DOB 3/17/99		
Driver's License No. S-600-113-91-336-0		Class A		State FL		Country		Driver's License No. 059661657		Class C		
Insurance Co. AMERICAN HALLMARK INS		Policy No. FLEET- AHIP2208112262		Telephone No. (813) 239-7831		Insurance Co. USAA CASUALTY INSURAN		Policy No. 016810711 C 07101		Telephone No. (706) 575-9558		
Year 2016		Make FREIGHTLIN		Model CASCADIA EVOLUTION		Year 2021		Make Nissan		Model VERSA		
VIN 3AKJGLD5XGSHK9669		Vehicle Color White				VIN 3N1CN8EV2ML921102		Vehicle Color Silver				
Tag # 2928384		State IN		County		Year 2022		Tag # TAU4700		State GA		
Trailer Tag # 2924994		State ME		County		Year 2029		Trailer Tag #		State		
<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle CORNERSTONE CARGO		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name First Middle						
Address		765 IL ROUTE 83 STE 105		Address								
City BENSENVILLE		State IL Zip 60106		City		State		Zip				
Removed By:				<input type="checkbox"/> Request <input type="checkbox"/> List				Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List				
Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		
Operator Contributing Factors: 11				Operator Contributing Factors: 1								
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1						
Direction of Travel: E		Vehicle Maneuver: 6		Non-Motor Maneuver:		Direction of Travel: E		Vehicle Maneuver: 5		Non-Motor Maneuver:		
Vehicle Class: 1		Vehicle Type: 4		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1		
Number of Occupants: 1		Area of Initial Contact: 1		Damage to Veh: 2		Number of Occupants: 1		Area of Initial Contact: 8		Damage to Veh: 3		
Traffic-Way Flow: 2		Road Comp: 2		Road Character: 1		Traffic-Way Flow: 2		Road Comp: 2		Road Character: 1		
Number of Lanes: 2		Posted Speed: 55		Work Zone: 0		Number of Lanes: 2		Posted Speed: 55		Work Zone: 0		
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Citation Information:				Citation Information:								
Citation # E22005226		O.C.G.A. § 40-6-123(a)		Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>												
Carrier Name: CORNERSTONE CARGO				Carrier Name:								
Address 765 IL ROUTE 83 STE 105		City BENSENVILLE		State IL		Zip 60106		Address		City		
U.S. D.O.T.# 1683159		No. of Axles 5		G.V.W.R. 80000		U.S. D.O.T.#		No. of Axles		G.V.W.R.		
Cargo Body Type 9		Vehicle Config. 6		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type		Vehicle Config.		
C.D.L.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box:		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box:		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box:		
One Digit Number from Bottom of Diamond: 0				One Digit Number from Bottom of Diamond:				One Digit Number from Bottom of Diamond:				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units								

GDOT-523 (07/17)

USAA Confidential

0901119cb1bcf896

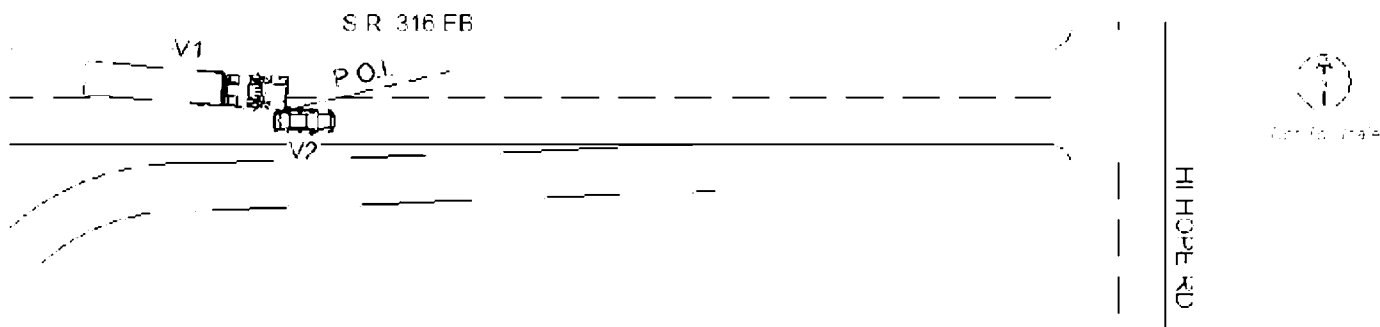
## COLLISION FIELDS

Manner of Collision:	4	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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## NARRATIVE

V2 was traveling east bound on State Route 316 in the far right lane of travel just passed U.S. Auto Sales Blvd. V1 was traveling next to V2 in the far left lane of travel. V1 attempted to change into the far right lane of travel striking the rear of V2.

## DIAGRAM



## PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:	Owner:
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## WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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## OCCUPANT INFORMATION

1	Name (Last, First): SQUIRE, CRAIG MICHAEL					Address: 1521 CASSIUS ST, LUTZ, FL 33549				
	Age: 30	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
2	Name (Last, First): VIGIL-SHUCK, HOPE ABIGAIL					Address: 102 PRIOR ST SE, GAINESVILLE, GA 30501				
	Age: 23	Sex: F	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
3	Name (Last, First):					Address:				
	Age:	Sex:	Unit #:	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #:	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

## ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via Fax at (404)635-2963.								
Report By: 236 - Jones, S	Agency: Lawrenceville Police Departme	Report Date: 06/06/2022	Checked By: 183 - Sperlik, M	Date Checked: 06/06/2022						